

Document Page 1 of 1
United States Bankruptcy Court
of the
Northern District Of Illinois
Western Division

Trustee's Final Report

In Re: SAMIRE LAKNA
4698 TURNER STREET
ROCKFORD, IL 61107

SSN-xxx-xx-5796

Case Number: 07-72617

Case filed on: 10/26/2007
Plan Confirmed on: 1/18/2008

D Dismissed

Total funds received and disbursed pursuant to the plan: \$3,516.46

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	BALSLEY & DAHLBERG LLP	3,000.00	3,000.00	1,251.07	0.00
	Total Legal	3,000.00	3,000.00	1,251.07	0.00
999	SAMIRE LAKNA	0.00	0.00	0.00	0.00
	Total Debtor Refund	0.00	0.00	0.00	0.00
001	AMCORE BANK NA	17,113.03	16,929.00	816.21	1,187.44
	Total Secured	17,113.03	16,929.00	816.21	1,187.44
001	AMCORE BANK NA	0.00	184.03	0.00	0.00
002	ACCOUNT RECOVERY SERVICES, INC.	0.00	0.00	0.00	0.00
003	ALL CREDIT LENDERS	0.00	0.00	0.00	0.00
004	AMCORE BANK, N.A.	0.00	0.00	0.00	0.00
005	AMERICAS RECOVERY NETWORK	0.00	0.00	0.00	0.00
006	BUREAU OF COLLECTION RECOVERY, INC.	0.00	0.00	0.00	0.00
007	CHECK INTO CASH	0.00	0.00	0.00	0.00
008	CREDITORS PROTECTION SERVICE	0.00	0.00	0.00	0.00
009	DENNIS BREBNER & ASSOCIATES	0.00	0.00	0.00	0.00
010	DENTAL GROUP OF ROCKFORD	0.00	0.00	0.00	0.00
011	JEFFERSON CAPITAL SYSTEMS, LLC	446.86	446.86	0.00	0.00
012	MONCO SERVICES, INC.	0.00	0.00	0.00	0.00
013	NATIONAL CITY BANK	337.84	337.84	0.00	0.00
014	ROCKFORD HEALTH PHYSICIANS	0.00	0.00	0.00	0.00
015	ROCKFORD MERCANTILE AGENCY INC	6,820.55	6,820.55	0.00	0.00
016	SECURITY FINANCE	335.00	335.00	0.00	0.00
017	SPRINT	0.00	0.00	0.00	0.00
018	SWEDISH AMERICAN HOSPITAL	118.00	118.00	0.00	0.00
019	SWEDISH AMERICAN MEDICAL GROUP	0.00	0.00	0.00	0.00
020	TRS RECOVERY SERVICES	0.00	0.00	0.00	0.00
021	U.S. CELLULAR	0.00	0.00	0.00	0.00
022	U.S. FAST CASH	0.00	0.00	0.00	0.00
023	VERIZON WIRELESS	625.28	625.28	0.00	0.00
024	WINNEBAGO COUNTY HEALTH DEPARTMENT	0.00	0.00	0.00	0.00
025	RAMANDAN LAKNA	0.00	0.00	0.00	0.00
026	NATIONAL CITY BANK	365.65	365.65	0.00	0.00
	Total Unsecured	9,049.18	9,233.21	0.00	0.00
	Grand Total:	29,162.21	29,162.21	2,067.28	1,187.44

Total Paid Claimant: \$3,254.72
Trustee Allowance: \$261.74
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer
Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 12/30/2008By /s/Heather M. Fagan